

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/585995

FILING DATE

APPLICANT(S)

Pt. Amdt

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3				1		
4					1	
5					1	
6	1		1			
7		6		10		
8	1		1			
9		1		1		
10	1		1			
11			1			
12				1		
13					1	
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44						1
45						1
46						1
47						1
48						1
49						1
50						1
TOTAL IND.	4		15			
TOTAL DEP.	11		26			
TOTAL CLAIMS	15		26			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						